

Additional Child Information (Application)*To be completed when the Applicant has **more than two (2) children** with the Other Party named in this application.***Submit the LDSS-5143****Name of Child #**

First Middle Last Suffix

SSN/ITIN**Gender**

Female

Male

Non-Binary/Other

Date of Birth (Month/Day/Year)**Due Date**

Unborn

Name of Parent

Parent 1 First

Middle

Last

Parent 2 First

Middle

Last

Child's Birthplace

Hospital

City

State Country

Other Party's Relationship to the Child

Parent

Stepparent

Alleged Parent

Intended Parent

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other

Yes, but not to each other

No

Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.**Parentage Establishment**

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.You **do not** need to complete the **State of Jurisdiction** questions.No - Go to the **State of Jurisdiction** questions.Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on

Name of Court

Acknowledgment of Paternity/Parentage on

Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County

State

Country

Where was the child conceived?

State

Country

State of Jurisdiction

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child?

Yes

No

Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State?

Yes

No

Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent?

Yes

No

Unknown

Order of Support Information

Is there an order of support for this child?

Yes

No

Unknown

If "Yes," what is the date of the order?

Is health insurance ordered?

Yes

No

Unknown

Obligation Amount

\$

Weekly

Every two weeks

Monthly

Twice per month

Other

Court that Issued the Order

Family

Supreme

Other

County

State

Country

Health Care Coverage Information

Does the child have health care coverage?

Yes

No

Unknown

If "Yes," identify the type of coverage:

Private - Go to **Health Insurance Benefits** questions.Public - Go to **Public Health Care Coverage** questions.**Health Insurance Benefits**

Who provides the child's private health care coverage?

Custodial Parent

Guardian

Noncustodial Parent/Alleged Parent/Intended Parent

Stepparent

Unknown

Other

Name of Health Insurance Carrier

Policy #

Group #

Street

Floor/Apt./Suite

City

State

ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid

Child Health Plus (CHPlus)

CHPlus monthly contribution: \$

Other